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## **Social Commentary: Rehabilitation of Mentally ill Women in India**

Suman Ramavat

### **Abstract**

In my recent visit to India (summer 2016) I visited a mental health hospital which cares for both male and female patients from a range of backgrounds and age groups. These patients suffer from a combination of psychological, physical and social problems. My encounters with the patients, including rape victims with mental illness, inspired me to write about their situation. In this social commentary I will raise several concerns regarding the rehabilitation of rape victims. The information is based on my personal observations and conversations and interactions I had with the doctor of the mental health institution. I have also used data from secondary sources in order to provide a better insight into the situation facing contemporary India. Many of the women in the hospital I visited had been homeless before they were picked up from the roadside by government bodies and NGOs; many of these women had been staying in the hospital for many years. My observations show how different factors such as homelessness and a lack of adequate resources for mentally ill women lead to their victimisation and marginalisation from society. I will make recommendations for the rehabilitation of these destitute women that will help them to break this vicious cycle of marginalisation. Some of these recommendations are: involvement of different agencies for the resettlement of women, providing them with government jobs and ensuring they have adequate housing.

**Keywords:** beggars, destitute, homeless, mental health, rape, women

### **Introduction**

This social commentary discusses the victimisation of homeless female beggars who are suffering from mental illness in Delhi, the capital of India. A lack of adequate housing, sexual abuse, rape, rejection by society and concerns for their rehabilitation are some of the issues that are faced by these women; these issues are discussed in this commentary.

In India, as in most parts of the world, beggars are often homeless. The Indian census defines homeless people as those who are not living in ‘census houses’, that is, a basic structure with a roof (Chaudhry et al, 2014). Therefore, homeless people are forced to live on footpaths,

roadsides, drainage pipes, outside religious institutions, and platforms (Indian Census, 1994). An increased homeless population is quite visible in urban areas in contemporary India.

Urbanisation has resulted in the increase of urban homelessness by 21% whereas rural homelessness has declined by 30% (Rukmini, 2013). According to Indian census figures Delhi alone has a homeless population of 46,724 (Rukimini, 2013). However, it is highly likely that the actual numbers are much higher: it is claimed by some activists that not every homeless individual was enumerated in the census. Indeed, it is not possible to enumerate the entire homeless population since they do not have permanent shelter.

Irrespective of the accuracy of the figures, it is a fact that homeless people are vulnerable: they are deprived of their basic human rights and are subjected to different forms of crime. Women and girl children are even more vulnerable and they often suffer from hunger, physical and verbal violence, sexual assault, rape, health risks, sexually transmitted infections (Chaudhry et al, 2014; Kumar, 2014).

Among these groups of females, the most marginalised are the ones with mental illness. Because they often fail to protect themselves from hunger and aforementioned abuses. Further even when they suffer sexual and physical abuse there are high chances of their not being able to identify the perpetrator or even able to address the abuse they have gone through. For their basic survival, similar to other beggars, homeless females with mental health issues often beg on the roads and they might be fed by the passer-by out of mercy.

Mental illness is quite common among the homeless population. A few NGOs, police and magistrates are often involved in the process of rehabilitation of the mentally ill homeless population. In order to have a deeper insight into the overall situation I decided to visit a mental hospital which looks after this population.

### **My field visit**

I visited a mental health hospital in Delhi, India, in the summer of 2016 where the majority of inmates suffer from Severe Mental Illnesses (SMIs), Common Mental Disorders (CMDs) and Alcohol & Drug Abuse Problems. This health institution is spread across more than 70 acres and cares for both male and female patients. A lot of the patients there are homeless (especially women). Around 50% of the homeless population suffer from mental disorders. The problems commonly found were substance abuse, severe mental illnesses like schizophrenia, depression, and personality disorders (Desai & Shivalkar, 2008).

All inmates were wearing neat and clean dresses, some were playing in the grounds, a few were busy in talking to themselves, and a few were playing board games. While observing them I experienced a mix of feelings: I was happy to see them in a secure and safe environment, yet on the other hand, I felt sad to view their inability to live normal lives.

I am not sure whether my experience of the hospital was representative or whether it was staged as the hospital authorities were aware that somebody was visiting them from overseas. I had these dubious thoughts because of comments I had read in case studies discussed in the article (on generic conditions of mental health patients) “*Treated worse than animals*” *Abuses against women and girls with psychosocial and intellectual disabilities in Institutions in India* (Barriga, 2014)” which included quotes from patients, such as: “we are treated worse than animals”, and another inmate stated “she feels suffocated there and wanted to go home”.

While visiting the various buildings of the hospital I was curious to know how people get admitted. I was told that most of them are admitted by their relatives and a few get picked up by police from the roadside. Those homeless mentally ill people that are picked up are taken into court where they are assessed by judges and many are referred to mental health hospitals such as the one I visited.

Another thing that I observed was there were significantly more women inmates than men. I asked about this and the doctor responded that gender plays an important role in rehabilitation. Almost equal numbers of males and females get admitted on monthly basis but many times women were not taken back to home by their family even after they get better because of the social stigma (many of them are sexually abused) and poverty (families are not financially well to do).

It was quite interesting to learn that some of the patients had been residing in the hospital for 40 years; in all that time nobody had come to take them back home. All this raised a couple of questions in my mind: did these women already have mental health problems because of which they become homeless and their families abandoned them? Or did their sexual exploitation accompanied with homelessness cause their mental health condition? Serious mental illness affects people’s daily lives they are not able to take care of themselves, make decisions for themselves, are unable to form strong relationships with others, and are capable of harming themselves and others (Kumar, 2014). This results in family, guardians, and care-givers withdrawing their support, eventually making the person homeless (Kumar, 2014).

Being homeless is not only the absence of a roof; it carries an implication of belonging

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nowhere. This vulnerability may not be able to be understood by people who enjoy robust mental health.

During my visit I was taken to a ward for mothers and children. There were around 10 beds. A few of them were occupied by rape victims who were also suffering from mental illness. This prompted me to ask about the rehabilitation process for these women. The doctor told me that the patients stay under hospital care until they are fully recovered, but in most cases nobody comes to take them back to home as a lot of stigma is attached to accepting a rape victim with mental illness, especially those with a child. In such cases women stay at a hospital until an NGO assumes custody of both them and their children. But there are many who stay at the hospital for a prolonged period and often their children are given over for adoption.

This all made me realise that mentally ill female homeless beggars are more vulnerable and marginalised than other female beggars. These women are not capable of taking care of themselves, and are sometimes not able to judge right or wrong done to them due to cognitive impairment.

What I have come to know through my field experience is that good medical care and proper residential care is only available in bigger cities. This was apparent even in the uniform worn by residential patients in larger centres. In many smaller cities there is a lack of doctors and proper residential care in the mental hospitals. There could be many more reasons for the lack of facilities in the hospitals. However, my concern was how long they stay in care and what happens after they get better? How do they get back their self-esteem and confidence? What are their chances of getting married and what are their chances of getting a job and achieving financial stability?

I asked many more questions of the doctor who was with me throughout my visit. He gave me answers to many of my questions but he even could not give me a satisfactory response in regards to rehabilitation of these women.

I told him that I was really concerned about their rehabilitation as, after living in these hospitals for a long time under excessive medication, how they could get better? I asked the doctor if they offered any employment opportunities for these women as part of their recovery process. The doctor did not have any answers but he did admit that if these women got jobs as per their capabilities they would recover quickly; especially those of them who

need to live among normal people to get better. This would facilitate their empowerment process, helping them regain their self-esteem and motivation to take care of themselves. Interaction with the outside environment would be healthy for their children too; it would allow them to interact with other children and go to school with them.

But the question remains: who will take the initiative to reshape the care offered to these women?

## **Conclusion and recommendations**

Homelessness and mental illness are closely linked (Kumar, 2014). Adequate safe housing, jobs and other efficient rehabilitation programmes are a few initiatives that are paramount for these women's recovery and empowerment. Further, society also needs to be educated to not stigmatise these victims; rather they should be able to acknowledge their situation and society should support them.

The different NGOs and government bodies who are involved in resettlement and rehabilitation of mentally ill homeless female beggars need to respond more actively.

I conclude my commentary with a few questions which I am not able to answer:

If NGOs and government bodies are there to look after destitute women and children, then why are there still so many on the roads of Delhi?

Do these organisations not get enough funding to provide support services to these destitute women?

What measures need to be taken to remove the taboo regarding mentally ill women, especially those who are victims of sexual assault?

Why does the government not provide safe houses to these homeless women?

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*Suman Snehi Ramavat is a law graduate of MDU, India and holds a post-graduate Diploma in Counselling from Unitec, Auckland, New Zealand. Suman has worked in various fields including marketing, finance, HR, law and domestic violence and Counselling. She has immense passion for marginalised people and has been working with them for the past 17 years. Suman has represented them in various courts in India as a lawyer. After migrating to New Zealand her desire to work for needy and marginalised people prompted her to work as a counsellor and community worker. Suman has recently started her NGO KRESN (Kind, respectful, empathetic to Socially Neglected) in India to provide care, protection, education and information to the socially neglected strata of the society She can be contacted at: [suman.ind2072@gmail.com](mailto:suman.ind2072@gmail.com).*



**Suman Ramavat, 2016**

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